Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

	enetit Guaranty Corporation	 Complete all entries in accord 	ance with the instruc	ctions to the Form 5500	0-SF.				
Part I	Annual Report le	dentification Information							
For calend	ar plan year 2013 or fisc	cal plan year beginning 11/01/2013	}	and ending 1	0/31/20	14			
A This ret	turn/report is for:	an (not multiemployer)	ver) a one-participant plan						
B This ret	turn/report is:								
		an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)	_			
C Check	box if filing under:	片	automatic extension		DFVC program				
	T =	special extension (enter description	,						
Part II		mation—enter all requested informa	ition						
1a Name	•					hree-digit			
RTK FARMS	S 401(K) PLAN				•	olan number PN) ▶	001		
					_	Effective date of			
						11/01/			
2a Plan s		ress; include room or suite number (er	mployer, if for a single-	employer plan)		mployer Identit	fication Number 51615		
	o, 220					EIN) 46-49: Sponsor's telep			
118305 S SI						509-854	4-1365		
PROSSER,	WA 99350				2d B	susiness code (11190	see instructions)		
3a Plan a	dministrator's name and	d address XSame as Plan Sponsor Na	ame Same as Plar	Sponsor Address	3b A	dministrator's I	EIN		
					3c A	dministrator's t	telephone number		
							·		
		plan sponsor has changed since the la	ast return/report filed for	or this plan, enter the	4b ∈	EIN			
name		plan sponsor has changed since the laber from the last return/report.	ast return/report filed fo	or this plan, enter the	4b E				
name a Spons	, EIN, and the plan num or's name			·			0		
name a Spons 5a Total	, EIN, and the plan num or's name number of participants a	ber from the last return/report.			4c P		0		
name a Spons 5a Total i b Total i c Numb	, EIN, and the plan num or's name number of participants a number of participants a er of participants with a	ber from the last return/report.	lan year (defined bene	fit plans do not	4c P				
name a Spons 5a Total i b Total i c Numb	, EIN, and the plan num or's name number of participants a number of participants a er of participants with a lete this item)	at the beginning of the plan year	lan year (defined bene	fit plans do not	4c P 5a 5b 5c	PN	12		
name a Spons 5a Total i b Total i C Numb compl 6a Were b Are yo	, EIN, and the plan num or's name number of participants a number of participants a ter of participants with a lete this item)	at the beginning of the plan year	lan year (defined bene e assets? (See instruc in independent qualifie	efit plans do not tions.)d public accountant (IQI	4c P 5a 5b 5c	PN	12 12 X Yes No		
name a Spons 5a Total I b Total I c Numb compl 6a Were b Are younder	, EIN, and the plan num or's name number of participants a number of participants a ter of participants with a lete this item)	at the beginning of the plan year	lan year (defined bene e assets? (See instruc n independent qualifie nd conditions.)	efit plans do not tions.)d public accountant (IQI	4c P 5a 5b 5c	PN	12		
name a Spons 5a Total I b Total I c Numb compl 6a Were b Are younder If your	, EIN, and the plan num or's name number of participants a number of participants a ter of participants with a tet this item)	at the beginning of the plan year	lan year (defined bene e assets? (See instruc in independent qualifie and conditions.)	tions.)d public accountant (IQI	4c P 5a 5b 5c PA)	500.	12 12 X Yes No X Yes No		
name a Spons 5a Total I b Total I c Numb compl 6a Were b Are younder If your	, EIN, and the plan num or's name number of participants a number of participants a ter of participants with a tet this item)	at the beginning of the plan year	lan year (defined bene e assets? (See instruc in independent qualifie and conditions.)	tions.)d public accountant (IQI	4c P 5a 5b 5c PA)	500.	12 12 X Yes No		
name a Spons 5a Total I b Total I c Numb compl 6a Were b Are you under If you c If the p	, EIN, and the plan num or's name number of participants a number of participants a ter of participants with a telete this item)	at the beginning of the plan year	lan year (defined bene e assets? (See instruc in independent qualifie and conditions.) ot use Form 5500-SF surance program (see	tions.)d public accountant (IQI and must instead use	4c P 5a 5b 5c PA) Form 5:	500. /es \[\] No \[\]	12 12 X Yes No X Yes No		
name a Spons 5a Total I b Total I c Numb compl 6a Were b Are you under If you c If the p Caution: A Under pena SB or Sche	, EIN, and the plan num or's name number of participants a number of participants a ter of participants with a telete this item)	at the beginning of the plan year	lan year (defined bene- e assets? (See instruction in independent qualifier and conditions.)	tions.)d public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/rep	4c P 5a 5b 5c PA) Form 5:	500. /es No stablished. uding, if applica	12 X Yes No X Yes No Not determined		
name a Spons 5a Total I b Total I c Numb compl 6a Were b Are you under If you c If the p Caution: A Under pena SB or Sche	, EIN, and the plan num or's name number of participants a number of participants are of participants with a lete this item)	at the beginning of the plan year	lan year (defined bene- e assets? (See instruction in independent qualifier and conditions.)	tions.)d public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/rep	4c P 5a 5b 5c PA) Form 5:	500. /es No stablished. uding, if applica	12 X Yes No X Yes No Not determined		
name a Spons 5a Total I b Total I c Numb compl 6a Were b Are you under If you C If the p Caution: A Under pena SB or Sche belief, it is to	, EIN, and the plan numor's name number of participants and purpose of participants with an elete this item)	at the beginning of the plan year	lan year (defined bene- e assets? (See instruction independent qualified and conditions.)	tions.)	4c P 5a 5b 5c PA) Form 55 se is es cort, incl, and to	500. /es No stablished. uding, if applicate best of my	12 X Yes No X Yes No Not determined able, a Schedule knowledge and		
name a Spons 5a Total I b Total I c Numb compl 6a Were b Are you under If you C If the p Caution: A Under pena SB or Sche belief, it is to	, EIN, and the plan num or's name number of participants a number of participants are of participants with a lete this item)	at the beginning of the plan year	lan year (defined bene e assets? (See instruc- in independent qualified and conditions.)	tions.)	4c P 5a 5b 5c PA) Form 55 se is es cort, incl, and to	500. /es No stablished. uding, if applicate best of my	12 X Yes No X Yes No Not determined able, a Schedule knowledge and		
name a Spons 5a Total I b Total I c Numb compl 6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche belief, it is to	, EIN, and the plan num or's name number of participants a number of participants a er of participants with a lete this item)	at the beginning of the plan year	lan year (defined bene- e assets? (See instruction independent qualified and conditions.)	tions.)	4c P 5a 5b 5c Form 55 see is eseport, incl, and to	500. /es No stablished. uding, if applicate best of my	12 X Yes No X Yes No Not determined able, a Schedule knowledge and		
name a Spons 5a Total I b Total I c Numb compl 6a Were b Are you under If you C If the p Caution: A Under pena SB or Sche belief, it is is SIGN HERE	, EIN, and the plan num or's name number of participants a number of participants a er of participants with a lete this item)	at the beginning of the plan year	lan year (defined bene- e assets? (See instruc- in independent qualifie- ind conditions.) bt use Form 5500-SF surance program (see ort will be assessed i, I declare that I have ill as the electronic ver 07/31/2015 Date Date	tions.)	4c P 5a 5b 5c	500. (es No stablished. uding, if application the best of my	12 X Yes No X Yes No Not determined able, a Schedule knowledge and		
name a Spons 5a Total I b Total I c Numb compl 6a Were b Are you under If you C If the p Caution: A Under pena SB or Sche belief, it is is SIGN HERE	, EIN, and the plan num or's name number of participants a number of participants a er of participants with a lete this item)	at the beginning of the plan year	lan year (defined bene- e assets? (See instruc- in independent qualifie- ind conditions.) bt use Form 5500-SF surance program (see ort will be assessed i, I declare that I have ill as the electronic ver 07/31/2015 Date Date	tions.)	4c P 5a 5b 5c	500. /es No stablished. uding, if applicate the best of my ing as plan adn ing as employeerer's telephone	12 X Yes No X Yes No Not determined Able, a Schedule knowledge and Ininistrator Tor plan sponsor number (optional)		
name a Spons 5a Total I b Total I c Numb compl 6a Were b Are younder If you C If the p Caution: A Under pens SB or Sche belief, it is is SIGN HERE Preparer's JODI CALH RANDALL 8	, EIN, and the plan num or's name number of participants a number of participants a ter of participants with a telete this item)	at the beginning of the plan year	lan year (defined bene- e assets? (See instruc- in independent qualifie- ind conditions.) bt use Form 5500-SF surance program (see ort will be assessed i, I declare that I have ill as the electronic ver 07/31/2015 Date Date	tions.)	4c P 5a 5b 5c	500. (es No stablished. uding, if application the best of my	12 X Yes No X Yes No Not determined Able, a Schedule knowledge and Ininistrator Tor plan sponsor number (optional)		
name a Spons 5a Total I b Total I c Numb compl 6a Were b Are you under If you C If the p Caution: A Under pena SB or Sche belief, it is to SIGN HERE Preparer's JODI CALH RANDALL 8 601 W. RIV	, EIN, and the plan num or's name number of participants a number of participants a ter of participants with a lete this item)	at the beginning of the plan year	lan year (defined bene- e assets? (See instruc- in independent qualifie- ind conditions.) bt use Form 5500-SF surance program (see ort will be assessed i, I declare that I have ill as the electronic ver 07/31/2015 Date Date	tions.)	4c P 5a 5b 5c	500. /es No stablished. uding, if applicate the best of my ing as plan adn ing as employeerer's telephone	12 X Yes No X Yes No Not determined Able, a Schedule knowledge and Ininistrator Tor plan sponsor number (optional)		
name a Spons 5a Total I b Total I c Numb compl 6a Were b Are younder If you C If the p Caution: A Under pens SB or Sche belief, it is is SIGN HERE Preparer's JODI CALH RANDALL 8	, EIN, and the plan num or's name number of participants a number of participants a ter of participants with a lete this item)	at the beginning of the plan year	lan year (defined bene- e assets? (See instruc- in independent qualifie- ind conditions.) bt use Form 5500-SF surance program (see ort will be assessed i, I declare that I have ill as the electronic ver 07/31/2015 Date Date	tions.)	4c P 5a 5b 5c	500. /es No stablished. uding, if applicate the best of my ing as plan adn ing as employeerer's telephone	12 X Yes No X Yes No Not determined Able, a Schedule knowledge and Ininistrator Tor plan sponsor number (optional)		

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information										_	
7	Plan Assets and Liabilities		(a) Paginning of Var				(b) End	of V	'oor			_
		7-	(a) Beginning of Yea	<u> </u>	+		(b) End	01 1	1242	n		_
	Total plan assets Total plan liabilities	7a 7b			+				1272	.0	_	_
	Net plan assets (subtract line 7b from line 7a)			0					1242	0		
8		7c		<u> </u>	+						_	
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) T	otai				
u	(1) Employers	8a(1)										
	(2) Participants	8a(2)	1242	0								
	(3) Others (including rollovers)	8a(3)										
b	Other income (loss)	8b										
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							1242	0		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d										
е	Certain deemed and/or corrective distributions (see instructions)	. 8e										
f	Administrative service providers (salaries, fees, commissions)	. 8f										
g	Other expenses	8g										
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								0		
i	Net income (loss) (subtract line 8h from line 8c)	8i							1242	20		
j	Transfers to (from) the plan (see instructions)	8j										
Pa	rt IV Plan Characteristics										_	_
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instruc	tion	s:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instructi	ons	:			
Dan	(V Commission of Constitute										_	
Par	•				V	N1-		_				
10	During the plan year:	4:			Yes	No		Am	ount		_	
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a	X					12	242	20
K.	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X						
						Χ						_
				10c							—	
	or dishonesty?	······································		10d		X						
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all											
	instructions.)			10e		X						
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X						
9	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10q		Χ						
h		(See instru	uctions and 29 CFR	10h		X						
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne require	d notice or one of the	10i								
Part					<u> </u>							
11	Is this a defined benefit plan subject to minimum funding requirem								Yes	 , П		No
44-	5500) and line 11a below)							LL	1 68	, П		
	Enter the unpaid minimum required contribution for current year fr		,			11a			1 v		_	
12	Is this a defined contribution plan subject to the minimum funding			or se	ection	302 of	ĿRISA?		Yes	X	_ N	10
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			otions	024	onto- 11	no doto of "	he !	ottor :	ء منال	_	
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		, and (Day	e uate of t	ne ie Yea		uirig	, —	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•				12b	ı					
_	Enter the minimum required contribution for this plan year											

Page	3 -		1
------	-----	--	---

С	Enter the amount contributed by the employer to the plan for this plan year	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A	
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?	Y	es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coof the PBGC?	ontrol		Yes X No	
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.))			
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)	
Part	VIII Trust Information (optional)				
14a	Name of trust	14b Trust's EIN			

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2013

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

Fr Novaller	ension Benefit Guaranty Corporation	> Complete all entries in a		nce with t	he instru	ctions to the Form 550	00-SF.	<u> </u>				
		t Identification Information										
For calendar plan year 2013 or fiscal plan year beginning 11/01/2013 and ending 10/31/2014												
A	This return/report is for:	eport is for: 🗵 a single-employer plan 🔲 a multiple-employer plan (not multiemploye							ipant plan			
В	This return/report is:	X the first return/report	[] the	ne final retu	ırn/report							
		an amended return/report	as	short plan	year retur	n/report (less than 12 m	onths)				
C	Check box if filing under:	X Form 5558	∏ au	utomatic e	xtension		DFVC program					
		special extension (enter des	cription)					—				
Pa	rt II Basic Plan Info	ormation—enter all requested in	nformatic	on								
1a	Name of plan					,	1b	Three-digit				
RT	K Farms 401(k) Pl	lan						plan number	001			
							40	(PN)				
							10	Effective date of 11/01/2013				
2a	Plan sponsor's name and a	ddress; include room or suite numb	ber (emp	olover, if fo	r a single	-employer plan)	2b		ification Number			
	K Farms, LLC		• •	,	Ŭ			(EIN) 46-495				
							2c	Sponsor's telep	ohone number			
11:	8305 S SR 221							509-854-1	365			
Dag	osser	W2 00250					2d		(see instructions)			
		WA 99350 and address XSame as Plan Spon		Wo	Di	n Chaman Address	3 h	111900 Administrator's				
Ju	i ian auministrator s name a	ilu dudiess Modifie as Fidit Opori	ISOI IVAIII	не [Доан	ie as mai	i Sponsor Address	30	Authinstrators	C114			
							3с	Administrator's	telephone number			
							-					
							1					
							ľ					
4	If the name and/or FIN of th	e plan sponsor has changed since	the last	return/ren	ort filed fo	or this plan, enter the	4h	EINI				
4		ne plan sponsor has changed since imber from the last return/report.	the last	return/rep	ort filed fo	or this plan, enter the	4b	EIN				
a	name, EIN, and the plan nu Sponsor's name	ımber from the last return/report.					4c					
a	name, EIN, and the plan nu Sponsor's name						4c		0			
a 5a	name, EIN, and the plan nu Sponsor's name Total number of participants	ımber from the last return/report.					4c 5a		0 12			
a 5a b	name, EIN, and the plan nu Sponsor's name Total number of participants Total number of participants Number of participants with	s at the beginning of the plan year. s at the end of the plan year account balances as of the end of	f the plan	n year (defi	ined bene	efit plans do not	4c 5a					
a 5a b c	name, EIN, and the plan nu Sponsor's name Total number of participants Total number of participants Number of participants with complete this item)	umber from the last return/report. s at the beginning of the plan year. s at the end of the plan year	f the plan	n year (defi	ined bene	efit plans do not	4c 5a 5b 5c	PN	12			
5a b c	name, EIN, and the plan nu Sponsor's name Total number of participants Total number of participants Number of participants with complete this item)	s at the beginning of the plan year. s at the end of the plan year account balances as of the end of the during the plan year invested in the end of the annual examination and repo	f the plan	n year (defi	ined bene ee instruc	efit plans do not	4c 5a 5b 5c	PN	12 12 X Yes [] No			
5a b c	name, EIN, and the plan nu Sponsor's name Total number of participants Total number of participants Number of participants with complete this item) Were all of the plan's asset Are you claiming a waiver of under 29 CFR 2520.104-468	s at the beginning of the plan year. s at the end of the plan year account balances as of the end of the during the plan year invested in the annual examination and repo	f the plan eligible a ort of an i	n year (defi	ined bene ee instruc ent qualifie	efit plans do not stions.)	4c 5a 5b 5c	PN	12			
5a b c	name, EIN, and the plan nu Sponsor's name Total number of participants Total number of participants Number of participants with complete this item) Were all of the plan's asset Are you claiming a waiver of under 29 CFR 2520.104-46 If you answered "No" to e	s at the beginning of the plan year. s at the end of the plan year account balances as of the end of ts during the plan year invested in of the annual examination and repo (See instructions on waiver eligit bither line 6a or line 6b, the plan	f the plan eligible a ort of an i bility and cannot u	n year (defi assets? (Se independe d conditions use Form	ined bene ee instruc ent qualifie s.)	efit plans do not etions.) ed public accountant (IC	4c 5a 5b 5c PA)	PN	12			
5a b c	name, EIN, and the plan nu Sponsor's name Total number of participants Total number of participants Number of participants with complete this item) Were all of the plan's asset Are you claiming a waiver of under 29 CFR 2520.104-46 If you answered "No" to e	s at the beginning of the plan year. s at the end of the plan year account balances as of the end of the during the plan year invested in the annual examination and repo	f the plan eligible a ort of an i bility and cannot u	n year (defi assets? (Se independe d conditions use Form	ined bene ee instruc ent qualifie s.)	efit plans do not etions.) ed public accountant (IC	4c 5a 5b 5c PA)	PN	12			
a 5a b c 6a b	name, EIN, and the plan nu Sponsor's name Total number of participants Total number of participants Number of participants with complete this item) Were all of the plan's asset Are you claiming a waiver of under 29 CFR 2520.104-46 If you answered "No" to e If the plan is a defined bene	s at the beginning of the plan year. s at the end of the plan year account balances as of the end of the during the plan year invested in the annual examination and repo (See instructions on waiver eligit of the r line 6a or line 6b, the plan fit plan, is it covered under the PBC or incomplete filing of this retur	f the plan eligible a ort of an in billity and cannot u GC insur	assets? (Se independe i conditions use Form rance prog	ee instruction de la constitución de la constitució	efit plans do not stions.)	4c 5a 5b 5c PA)	PN 5500. Yes No established.	12 12 Yes No Yes No Not determined			
a 5a b c 6a b	name, EIN, and the plan nu Sponsor's name Total number of participants Total number of participants Number of participants with complete this item) Were all of the plan's asset Are you claiming a waiver of under 29 CFR 2520.104-46 If you answered "No" to e If the plan is a defined bene tion: A penalty for the late er penalties of perjury and of	s at the beginning of the plan year	eligible a ort of an in billity and cannot u	assets? (Se independe de conditions use Form rance prog	ee instructed to a second seco	efit plans do not etions.) ad public accountant (IC and must instead use ERISA section 4021)? unless reasonable cau	4c 5a 5b 5c PA) Form	5500. Yes No established.	12 12 Yes No Yes No Not determined			
a 5a b c 6a b C Caur Under SB c	name, EIN, and the plan nu Sponsor's name Total number of participants Total number of participants Number of participants with complete this item) Were all of the plan's asset Are you claiming a waiver of under 29 CFR 2520.104-46 If you answered "No" to e If the plan is a defined bene tion: A penalty for the late er penalties of perjury and of	amber from the last return/report. Is at the beginning of the plan year account balances as of the end of the plan year invested in the annual examination and report (See instructions on waiver eligit bither line 6a or line 6b, the plan of the plan, is it covered under the PBC or incomplete filing of this return the penalties set forth in the instruction signed by an enrolled actuary, and signed by an enrolled actuary,	eligible a ort of an in billity and cannot u	assets? (Se independe de conditions use Form rance prog	ee instructed to a second seco	efit plans do not etions.) ad public accountant (IC and must instead use ERISA section 4021)? unless reasonable cau	4c 5a 5b 5c PA) Form	5500. Yes No established.	12 12 Yes No Yes No Not determined			
a 5a b c C Caur Under SB c belie	name, EIN, and the plan nu Sponsor's name Total number of participants Total number of participants Number of participants with complete this item) Were all of the plan's asset Are you claiming a waiver of under 29 CFR 2520.104-46 If you answered "No" to e If the plan is a defined bene tion: A penalty for the late or penalties of perjury and of or Schedule MB completed a of, it is true, correct, and com	and the beginning of the plan year at the beginning of the plan year account balances as of the end of the plan year invested in the annual examination and report (See instructions on waiver eligital plan, is it covered under the PBC or incomplete filing of this returned signed by an enrolled actuary, in plete.	eligible a ort of an in billity and cannot u	assets? (Se independe d conditions use Form rance prog t will be as declare the	ee instruction qualifiers.)	efit plans do not etions.)	4c 5a 5b 5c Form	5500. Yes No established. acluding, if applic to the best of my	12 12 Yes No Yes No Not determined			
a 5a b c 6a b C Caur Undo SB c belie	name, EIN, and the plan nu Sponsor's name Total number of participants Total number of participants Number of participants with complete this item) Were all of the plan's asset Are you claiming a waiver of under 29 CFR 2520.104-46 If you answered "No" to elif the plan is a defined bene tion: A penalty for the late or penalties of perjury and of or Schedule MB completed a st, it is true, correct, and com	amber from the last return/report. Is at the beginning of the plan year account balances as of the end of the plan year invested in the annual examination and report (See instructions on waiver eligit bither line 6a or line 6b, the plan of the plan, is it covered under the PBC or incomplete filing of this return the penalties set forth in the instruction signed by an enrolled actuary, and signed by an enrolled actuary,	eligible a ort of an in billity and cannot u	assets? (Se independe de conditions use Form rance prog	ee instruction qualifiers.)	efit plans do not etions.) ad public accountant (IC and must instead use ERISA section 4021)? unless reasonable cau	4c 5a 5b 5c Form	5500. Yes No established. acluding, if applic to the best of my	12 12 Yes No Yes No Not determined			
a 5a b c C Caur Under SB c belie	name, EIN, and the plan nu Sponsor's name Total number of participants Total number of participants Number of participants with complete this item)	as at the beginning of the plan year. Is at the end of the plan year	eligible a ort of an in billity and cannot u	assets? (Se independe d conditions use Form rance prog t will be as declare the	ee instruction qualifiers.)	efit plans do not etions.)	4c 5a 5b 5c Form see is poort, in a set 1	PN 5500. Yes No established. acluding, if applic to the best of my ey	12 X Yes No X Yes No Not determined able, a Schedule knowledge and			
a 5a b c 6a b C Caul Under SB c belie	name, EIN, and the plan nu Sponsor's name Total number of participants Total number of participants Number of participants with complete this item) Were all of the plan's asset Are you claiming a waiver of under 29 CFR 2520.104-46 If you answered "No" to elf the plan is a defined bene et ion: A penalty for the late er penalties of perjury and of or Schedule MB completed a stif, it is true, correct, and com	as at the beginning of the plan year. Is at the end of the plan year	eligible a ort of an in billity and cannot u	assets? (Se independe I conditions use Form rance prog t will be as declare the sthe election of the second	ee instruction qualifiers.)	efit plans do not etions.)	4c 5a 5b 5c Form see is poort, in a set 1	PN 5500. Yes No established. acluding, if applic to the best of my ey	12 X Yes No X Yes No Not determined able, a Schedule knowledge and			
a 5a b c C Gaure Under SB c belie SIGN HER	name, EIN, and the plan nu Sponsor's name Total number of participants Total number of participants Number of participants with complete this item) Were all of the plan's asset Are you claiming a waiver of under 29 CFR 2520.104-46 If you answered "No" to edif the plan is a defined bene elementation: A penalty for the late per penalties of perjury and of or Schedule MB completed a set, it is true, correct, and complete the set of the late of the	as at the beginning of the plan year at the end of the plan year account balances as of the end of the annual examination and report (See instructions on waiver eligit bither line 6a or line 6b, the plan of the plan, is it covered under the PBC or incomplete filing of this return the penalties set forth in the instruction signed by an enrolled actuary, applete.	eligible a prt of an in billity and cannot u	assets? (Seindepende de conditions use Form rance proget will be as declare that the election declare the election declare that the election declare the election declare that the election declare the election declare the election declare that the election declare the e	ee instruction qualifiers.)	efit plans do not ed public accountant (IC and must instead use ERISA section 4021)? unless reasonable cau examined this return/report Robert Troy Harabara and the section of this return/report Enter name of individ	4c 5a 5b 5c 5c PA) see is cort, in and the art1 ual sigual	5500. Yes No established. Including, if applicate the best of my ey Ining as plan adm	12 12 Yes No Yes No Not determined able, a Schedule knowledge and ministrator or or plan sponsor			
a 5a b c 6a b C Caull Under SB c belle SIGI	name, EIN, and the plan nu Sponsor's name Total number of participants Total number of participants Number of participants with complete this item) Were all of the plan's asset Are you claiming a waiver of under 29 CFR 2520.104-46 If you answered "No" to elif the plan is a defined bene elementation: A penalty for the late er penalties of perjury and older Schedule MB completed a eff, it is true, correct, and com Signature of plan a signature of employance's name (including firm research)	at the beginning of the plan year	eligible a prt of an in billity and cannot u	assets? (Seindepende de conditions use Form rance proget will be as declare that the election declare the election declare that the election declare the election declare that the election declare the election declare the election declare that the election declare the e	ee instruction qualifiers.)	efit plans do not ed public accountant (IC and must instead use ERISA section 4021)? unless reasonable cau examined this return/report Robert Troy Harabara and the section of this return/report Enter name of individ	4c 5a 5b 5c 5c PA) see is cort, in and the art1 ual sigual	5500. Yes No established. Including, if applicate the best of my ey Ining as plan adm Ining as employed arer's telephone	12 12 Yes No Yes No Not determined Able, a Schedule knowledge and ministrator or or plan sponsor number (optional)			
a 5a b c 6a b C Caurre Under SB c belle SIGI HER Prep JOI	name, EIN, and the plan nu Sponsor's name Total number of participants Total number of participants Number of participants with complete this item) Were all of the plan's asset Are you claiming a waiver of under 29 CFR 2520.104-46 If you answered "No" to elif the plan is a defined bene elementation: A penalty for the late er penalties of perjury and of or Schedule MB completed a of, it is true, correct, and com Signature of plan and the plan is a defined bene elementation: A penalty for the late er penalties of perjury and of the plan is a defined bene elementation. Signature of plan and the plan is a defined bene elementation and the plan is a defined bene elementation. Signature of plan and the plan is a defined bene elementation and the plan is a defined bene elementation.	at the beginning of the plan year at the end of the plan year account balances as of the end of the annual examination and report (See instructions on waiver eligit bither line 6a or line 6b, the plan of the plan, is it covered under the PBC or incomplete filing of this returned signed by an enrolled actuary, applete.	eligible a prt of an in billity and cannot u	assets? (Seindepende de conditions use Form rance proget will be as declare that the election declare the election declare that the election declare the election declare that the election declare the election declare the election declare that the election declare the e	ee instruction qualifiers.)	efit plans do not ed public accountant (IC and must instead use ERISA section 4021)? unless reasonable cau examined this return/report Robert Troy Harabara and the section of this return/report Enter name of individ	4c 5a 5b 5c 5c PA) see is cort, in and the art1 ual sigual	5500. Yes No established. Including, if applicate the best of my ey Ining as plan adm	12 12 Yes No Yes No Not determined Able, a Schedule knowledge and ministrator or or plan sponsor number (optional)			
a 5a b c 6a b C Caul Undo SB c belie SIGN HER Prep JOI Rar	name, EIN, and the plan nu Sponsor's name Total number of participants Total number of participants Number of participants with complete this item) Were all of the plan's asset are you claiming a waiver of under 29 CFR 2520.104-46 If you answered "No" to elif the plan is a defined benefit on: A penalty for the late or penalties of perjury and our Schedule MB completed a off, it is true, correct, and complete the series of perjury and complete the series of perjury and our Schedule MB completed a off, it is true, correct, and complete the series of perjury and complete the series of perjury and complete the series of perjury and our Schedule MB completed a off, it is true, correct, and complete the series of perjury and complete the series of perjury and our Schedule MB completed a off, it is true, correct, and complete the series of perjury and our schedule MB completed a off, it is true, correct, and complete the series of perjury and our schedule MB completed a off, it is true, correct, and complete the series of perjury and our schedule MB completed a off, it is true, correct, and complete the series of perjury and our schedule MB completed a off, it is true, correct, and complete the series of perjury and our schedule MB completed a off, it is true, correct, and complete the series of perjury and our schedule MB completed a off, it is true, correct, and complete the series of perjury and our schedule MB completed a off, it is true, correct, and complete the series of perjury and our schedule MB completed a off, it is true, correct, and correct a off true, correct and correct and correct and correct and correct and correct and correct	at the beginning of the plan year account balances as of the end of the plan year account balances as of the end of the annual examination and report (See instructions on waiver eligibither line 6a or line 6b, the plan of the plan, is it covered under the PBC or incomplete filing of this returned signed by an enrolled actuary, applete. Covadinistrator Description of the plan of the pla	eligible a prt of an in billity and cannot u	assets? (Seindepende de conditions use Form rance proget will be as declare that the election declare the election declare that the election declare the election declare that the election declare the election declare the election declare that the election declare the e	ee instruction qualifiers.)	efit plans do not ed public accountant (IC and must instead use ERISA section 4021)? unless reasonable cau examined this return/report Robert Troy Harabara and the section of this return/report Enter name of individ	4c 5a 5b 5c 5c PA) see is cort, in and the art1 ual sigual	5500. Yes No established. Including, if applicate the best of my ey Ining as plan adm Ining as employed arer's telephone	12 12 Yes No Yes No Not determined Able, a Schedule knowledge and ministrator or or plan sponsor number (optional)			
a 5a b c 6a b C Caul Undo SB c belie SIGN HER Prep JOI Rar	name, EIN, and the plan nu Sponsor's name Total number of participants Total number of participants Number of participants with complete this item) Were all of the plan's asset Are you claiming a waiver of under 29 CFR 2520.104-46 If you answered "No" to elif the plan is a defined bene elementation: A penalty for the late er penalties of perjury and of or Schedule MB completed a of, it is true, correct, and com Signature of plan and the plan is a defined bene elementation: A penalty for the late er penalties of perjury and of the plan is a defined bene elementation. Signature of plan and the plan is a defined bene elementation and the plan is a defined bene elementation. Signature of plan and the plan is a defined bene elementation and the plan is a defined bene elementation.	at the beginning of the plan year account balances as of the end of the plan year account balances as of the end of the annual examination and report (See instructions on waiver eligibither line 6a or line 6b, the plan of the plan, is it covered under the PBC or incomplete filing of this returned signed by an enrolled actuary, applete. Covadinistrator Description of the plan of the pla	eligible a prt of an in billity and cannot u	assets? (Seindepende de conditions use Form rance proget will be as declare that the election declare the election declare that the election declare the election declare that the election declare the election declare the election declare that the election declare the e	ee instruction qualifiers.)	efit plans do not etions.) ad public accountant (IC and must instead use ERISA section 4021)? unless reasonable cau examined this return/report Robert Troy Harring and the section of this return/report Enter name of individ	4c 5a 5b 5c 5c PA) see is cort, in and the art1 ual sigual	5500. Yes No established. Including, if applicate the best of my ey Ining as plan adm Ining as employed arer's telephone	12 12 Yes No Yes No Not determined Able, a Schedule knowledge and ministrator or or plan sponsor number (optional)			

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	d of Y	ear		
а	Total plan assets	. 7a	, , ,		0					124	420
b	Total plan liabilities	. 7b									
С	Net plan assets (subtract line 7b from line 7a)	7c			0					124	420
8	Income, Expenses, and Transfers for this Plan Year	ALL ALL STATES	(a) Amount				(b)	Total			
а	Contributions received or receivable from:	54,0024,002,000	V -7		200					iii.	
	(1) Employers	8a(1)			(6) (6) (6) (6)					MILO	oigan
	(2) Participants	8a(2)		1242	0						estima.
	(3) Others (including rollovers)	8a(3)									
<u>b</u>	Other income (loss)	. 8b			1000					vs.muu) Põisti	Sasan Sasan
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		MAIN ELV	iio Car					124	420
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e			Jan			20808	ara Care	12655	i (dan)
f	Administrative service providers (salaries, fees, commissions)	. 8f			1000	24 FD 40					
<u>g</u>	Other expenses	8g			3000		11,000,000,000,000				18
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h									0
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	- 8i			300 300					124	120
j	Transfers to (from) the plan (see instructions)	8j			100						
Pai	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Plan Char	acteris	tic Co	odes in	the instru	ctions	3:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristi	c Co	des in t	he instruc	tions:			
e Alson											
Par						1					
10	During the plan year:			,	Yes	No		Am	ount		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	ection Program)	10a	Х					124	120
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х					
С	Was the plan covered by a fidelity bond?			10c		Х					
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х		***************************************			
е	Were any fees or commissions paid to any brokers, agents, or oth										
	insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		х					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of vear e	nd.)	10g		х					
h		(See instru	ctions and 29 CFR	10g		х					
ī	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10"	ne required	I notice or one of the	10ii							
Part			***************************************	101		<u> </u>	PED MERCHANING	1000010000	11653574865	7,1911 (iii	45054B
11	Is this a defined benefit plan subject to minimum funding requirem							T	Yes	П	No
112	5500) and line 11a below) Enter the unpaid minimum required contribution for current year fr							11	163	Ш	
12						11a	EDICAG	ТТ	Yes	₽,	No
12	Is this a defined contribution plan subject to the minimum funding			UFSE	cuon	3UZ 01	EKISA7	ΙL	168	ΙΛ	140
<u>а</u>	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is being the transfer of the minimum funding standard for a prior year is being the transfer	ng amortize	ed in this plan year, see instruc		and e		l ne date of			ing	
1.5	granting the waiveryou complete lines 3, 9, and 10 of Schedule			(1)		Day		Yea	į.		—
	• • • • • • • • • • • • • • • • • • • •	•	· · · · · · · · · · · · · · · · · · ·		$\neg r$	12b				,,	
<u>.</u>	Enter the minimum required contribution for this plan year		***************************************				L				